

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014817

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2mRegistrar's No. 600

STATE FILE NUMBER

FILED APR 23 1962

## 1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

Springfield

Length of stay in 1b

2 Days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION St John Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Christian

c. CITY

OR

TOWN Ozark, Mo

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)  
Finley Twsp

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Loyal

Middle

Gideon

Last

Bingham

## 4. DATE OF DEATH

Month

April

Day

13, 1962

Year

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/28/24

## 9. AGE (last birthday)

37

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Green County Mo

## 12. CITIZEN OF WHAT COUNTRY

U S A

## 13a. FATHER'S NAME

Frank Gideon Bingham

## 13b. MOTHER'S MAIDEN NAME

Zella Marie Estes

## 14. NAME OF HUSBAND OR WIFE

Ozark, Mo

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

No

## 16. SOCIAL SECURITY NO.

73

## 17. INFORMANT

Miss Anna Belle Bingham

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Contusion, severe

## INTERVAL BETWEEN ONSET AND DEATH

40 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☒

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Car ran into truck

## 20c. TIME OF INJURY

Hour 4 a.m.

Month, Day, Year 12 1962

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway

## 20f. CITY, TOWN, OR LOCATION

Near Springfield, Greene

## COUNTY

## STATE

Mo.

## 21. I attended the deceased from

Death occurred at 4/13/62

10:30 P M

to 4/13/62

and last saw him alive on 4/13/62

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

H.J. McAlhany, M.D.

## 22b. ADDRESS

Springfield, Mo.

## 22c. DATE SIGNED

4/13/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

4/15/62

## 23c. NAME OF CEMETERY OR CREMATORY

Weaver

## 23d. LOCATION (City, town, or county)

Christian Co, Mo

## 24. FUNERAL DIRECTOR

## ADDRESS

J.B. Chaffin, Ozark, Mo

## 25. DATE RECD. BY LOCAL REG.

4-18-62

## 26. REGISTRAR'S SIGNATURE

Effie A. Melton

(Licensed Embalmer's Statement on Reverse Side)

H.J. McAlhany MD.  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

APR 23 1962

Permit Serial 4-13-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed F. B. Chaffin

Licensed Embalmer No. 2192

P.O. Address Ozark, mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.